

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/525399

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2		/		/			52			/			
3		/		/			53			/			
4		/		/			54			/			
5		/		/			55			/			
6		/		/			56			/			
7		/		/			57			/			
8		/		/			58			/			
9		/		/			59			/			
10		/		/			60			/			
11		/		/			61			/			
12		/		/			62			/			
13		/		/			63			/			
14		/		/			64			/			
15		/		/			65			/			
16		/		/			66			/			
17		/		/			67			/			
18		/		/			68			/			
19	/		/				69			/			
20		/		/			70			/			
21		/		/			71			/			
22		/		/			72			/			
23		/		/			73			/			
24		/		/			74			/			
25		/		/			75			/			
26		/		/			76			/			
27		/		/			77			/			
28		/		/			78			/			
29		/		/			79			/			
30		/		/			80			/			
31		/		/			81			/			
32		/		/			82			/			
33		/		/			83			/			
34		/		/			84			/			
35		/		/			85			/			
36		/		/			86			/			
37		/		/			87			/			
38		/		/			88			/			
39		/		/			89			/			
40		/		/			90			/			
41		/		/			91			/			
42		/		/			92			/			
43		/		/			93			/			
44		/		/			94			/			
45		/		/			95			/			
46	/		/				96			/			
47		/		/			97			/			
48		/		/			98			/			
49		/		/			99			/			
50		/		/			100			/			
TOTAL IND.	2	3					TOTAL IND.						
TOTAL DEP.	58	70					TOTAL DEP.						
TOTAL CLAIMS	60	73					TOTAL CLAIMS						